



Private Detective Licensing Board

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Governor Mitchell E. Daniels, Jr

The following procedures are to be followed when filling out the Application for Authorized Employee/Private Detective License Action form(s).

To ensure correct spelling of name and address of employee(s), we ask that the form(s) be either **printed or typed**. Faxed copies will not be accepted.

The employee section of the form should contain the employee's name, address, city, state, zip code, and date of birth and social security number. ***(This agency is requesting the disclosure of the Social Security number in accordance with IC 4-1-8-1. Disclosure is mandatory and will not be processed without it.)*** If the employee is renewing, their license number is also needed.

The employer section of the form should contain the agency name, complete license number, expiration date, telephone number, name and signature of the agency manager. IPLA will not process the application without the agency qualifier signature.

All incomplete applications will be returned for additional information/completion.

Applications received with the incorrect fee(s) will be returned and will delay issuance of the employee license.

The **application fee** for authorized employees is \$10.00 each, if the employer's license is currently valid for **more than one year** and \$5.00 each if the employer's license is currently valid for **less than one year**.

The **renewal fee** for authorized employees is \$10.00 each.

Should you have any questions, please feel free to contact us at (317) 234-3040 or pla11@pla.state.in.us.